

Summer Soccer Camp at Rotary Park

Philosophy: The camp will offer an exciting soccer experience with an emphasis on fun, skill development, tactics and competition. Concentration will be placed on establishing basic skills such as shooting, trapping, dribbling and building upon these skills through staff demonstration and instruction. The camp will emphasize technique tactics in an intense training environment. The camp will be divided to age and skill level, so the content of the camp as well as the intensity will be structured to meet the varying needs of the different participants.

Camp Staff: Jerry Riggs – North Carolina Olympic Development State Coach and former Mount Olive College Men's Soccer Coach and local high school coaches and players and college players.

Equipment: All participants should wear comfortable clothing for soccer, must wear shin guards, and bring a soccer ball and a water bottle.

When: June 11 – June 14 Where: Rotary Park (2200 Mayberry Loop Road) Time: 9:00am – 12noon

Ages: 4 – 15 Boys & Girls **Registration Deadline:** Friday, June 8 **Cost:** \$65.00

Please make checks payable to: MCPRD Send to: 706 Arendell Street, Morehead City, NC 28557

For more information: Contact Jerry Riggs 726-5083 or jriggs@bizec.rr.com. Registration will be accepted at the Morehead City Parks & Recreation Department office located at 1600 Fisher Street.

Player Registration			
Player's Name:	DOB:	Age:	Gender:
Address:	Phone#:		
City/State/Zip:	Email:		
Release	of Liability and Indemnity A	Agreement	
elected and appointed officials, the participants, instructors, and admir any and all actions, claims, and dembe sustained by me or my child in confidence of the participant of the sustained by the or my child in confidence of the sustained by the or my child in confidence of the sustained by the or my child in confidence of the sustained by th	nistrators of the Morehead City Panands for or by reason of any dama onsequence of participation by said admit that the Morehead City Park protection for the participants and hild. In this Release of Liability, and a anyone of my choice. anted for my child	reation Depar arks and Recr age, loss or inj person in this as and Recreat thereby do ag cknowledge th	tment, and all the staff, eation Department, from ury which hereafter may program. ion Department shall not gree to provide individual that I have had time and
Parent/Guardian Name (print)	Parent/Guardian Signature		Date